Navjat Shishu Suraksha Karyakaram

2071. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has launched a new scheme called 'Navjat Shishu Suraksha Karyakaram' to reduce the infant and maternal mortality rates;

(b) if so, the salient features of the new scheme;

(c) whether the implementation norms of the scheme has been discussed with the State Governments; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The Government of India has launched the Navjaat Shishu Suraksha Karyakram (NSSK), a Basic New Born Care and Resuscitation programme on 15th of September 2009.

This programme addresses important interventions of care at birth *i.e.* Prevention of Hypothermia, Prevention of Infection, Early initiation of Breast feeding and Basic Newborn Resuscitation. The objective of this new initiative is to have at least one person trained in Basic newborn care and resuscitation at every institutional delivery.

(c) and (d) Yes, the states have been consulted about this programme which is essentially meant to upgrade the skills of Medical Officers, Staff Nurses and ANMs at the health facilities where institutional deliveries are taking place.

Public health spending

2072. SHRIMATI SHOBHANA BHARTIA:
SHRI N.K. SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per a recent World Health Organisation (WHO) study, India ranks 171 out of the 175 countries in the World in public health spending;

(b) if so, the factors responsible for poor performance on the public health spending by Government;

(c) whether Government is spending only 0.9 per cent of the GDP on the public health whereas in developed countries it is in double digits; and

(d) if so, the steps contemplated by Government to increase its public health spending in the next few years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) According to World Health Organization (WHO), no study has been conducted during the recent past, which ranks the countries by public health spending.

(c) According to World Health Statistics, 2009 published by World Health Organization (WHO), Government is spending 0.9% of the GDP on the Public health in India as compared to 8.77% in France, 8.15% in Germany, 7.16% in UK, 7.04% in Canada, 7.00% in USA and 6.95% in Italy in 2006.

(d) To increase the public health spending and to support the public health system in the States, Government of India had launched the National Rural Health Mission in 2005 and this has an outlay of Rs. 90,558 crore during the Eleventh Plan period. The Mission aims to provide quality health services which are accessible, affordable and accountable. It also strengthens the primary health care in the country. The Eleventh Five Year Plan (2007-12) also aims to raise public health spending to at least 2% of GDP during the Plan period.

Postings of doctors in rural areas

2073. SHRI NAND KUMAR SAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has worked out the modalities for the posting of doctors in rural areas as per the recommendations of Sambasiva Rao Committee;

(b) if so, the details thereof;

(c) the number of doctors posted in rural areas in the current academic session, State-wise;

(d) the extent to which the issue of availability of doctors in rural areas has been solved thereafter; and

(e) the details of the steps taken by Government to improve the health services in rural areas of the country expeditiously?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) to (e) The Sambasiva Rao Committee had recommended that one year rural posting may be made mandatory for the MBBS doctors desirous of pursuing Postgraduate Medical Degree courses. While the Central Government has not made the rural posting mandatory to pursue postgraduate medical Degree courses, the following Medical Council of India's Post Graduate Medical Education Regulations have been amended to encourage doctors to serve in the rural areas:

(i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas; and

(ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.